

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012171

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 163

Primary Registration District No. 5593

Registrar's No. 16

VS 300  
Rev. 4/59

0500

0501

3

4 1

5 2

6 •

7 1

8 2

9 4220

10

11

12 86-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED MAR 18 1963  
a. COUNTY JEFFERSONb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN PLATTIN TWP.Length of stay in 1b  
3 1/2 YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ROSE HILL N. HOMEInside Limits  
Yes ☐ No ☒

c. CITY OR TOWN CRYSTAL CITY

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1302 KENNER, ST.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MARY

ETHELIA

GURLIN

4. DATE OF DEATH

Month

Day

Year

3-12-63

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-18-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSE WORK10b. KIND OF BUSINESS OR INDUSTRY  
OWN HOME11. BIRTHPLACE (City and state or country)  
KASKASKIA, ILL.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

CHARLES DONNIE

13b. MOTHER'S MAIDEN NAME

JOSEPHINE DE ROUSSE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
IRENE VAUGHN FESTUS, MO.18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiovascular disease  
Generalized arteriosclerosisINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause, last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1960 to March 2, 63 and last saw her alive on March 2, 63  
Death occurred at 7:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

BURIAL

3-15-63

CATHOLIC CEMETERY

CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GENTRY R. POLITTE CRYSTAL CITY, MO.

3-14-1963

Marie Harris

Permit issued 3-14-63. M. St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gentry E. Politt  
Licensed Embalmer No. 3481

P. O. Address Crystal City - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.